

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/582830

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	8					
TOTAL DEP.	14					
TOTAL CLAIMS	22					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND. DEP.		IND. DEP.		IND. DEP.	
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						